



Linda McCulloch, Superintendent
Office of Public Instruction
Division of Accreditation
PO Box 202501
Helena, MT 59620-2501
www.opi.mt.gov

ALTERNATIVE STANDARD(S) REQUEST
Rule 10.55.604.1

DUE DATE: March 1
To: Office of Public Instruction
Accreditation Division

OPI USE ONLY

School Dist. Name:	Legal Entity:
School Name:	School Code:
County:	County No.:

Check one:

- ☐ Initial Application
☐ Renewal Application

ONE ALTERNATIVE STANDARD REQUEST PER APPLICATION FORM.

RULE

10.55.604 Variances to Standards (1) A school district may apply to the board of public education through the office of public instruction to implement an alternative to a standard or a section of standards, excluding standards stating a statutory criteria, teacher certification or endorsement or content and performance standards as defined by the board of public education and provided in guidance from the superintendent of public instruction.

PROCESS

- The intent of rule 10.55.604 is to allow locally initiated proposals that better reflect the unique individuality of each district as well as foster innovative approaches to solving educational problems.
- **Application must be made through the Office of Public Instruction.**
- The Board of Public Education must approve the alternative standard(s) prior to implementation in the school program.
- All schools will be notified by the Office of Public Instruction regarding the status of their request after the Board of Public Education has made a determination.

APPROVAL CRITERIA

- The major consideration in determining if a proposed alternative would be acceptable is whether the proposed change or modification shows clearly how it will "meet or exceed" the results under the current standard(s).
- Initial approval will be for a two-year period.
- The district may reapply for a possible five-year approval following an on-site evaluation by the Office of Public Instruction.

PROCEDURE

1. List the accreditation rule to which this request applies, (e.g., 10.55.709 Library Media Services):

2. Submit a mission statement (what you hope to accomplish) for this proposed alternative.

3. Provide a detailed description of your alternative plan and how your school will meet or exceed the Program Area Standards and/or Content and Performance Standards.

4. List at least one ***specific, measurable objective*** (for example: affective, cognitive, or psychomotor) that clearly shows how your proposed alternative will meet or exceed the results under the current standard(s).

5. Identify formative measures (the ongoing assessment of teaching and learning *during* the instruction) to be used to evaluate the effectiveness of the alternative.

6. Identify summative measures (the cumulative assessment of teaching and learning *after* the instruction) to be used to evaluate the effectiveness of the alternative.

7. If this is a renewal application, attach a summary of the evaluation data gathered based upon the measurable objective(s) and criteria approved in the initial or previous renewal application.

8. If this application is for Library or Counseling Services and **you receive contracted services outside the district**, please attach a copy of the Letter of Agreement.

Include:

- a. the name and qualification(s) of the provider(s) (i.e., licensure, education), and
- b. total hours of service per school year.

If contractors change, send a new Letter of Agreement to the OPI.

CERTIFICATION: The information on this application is correct to the best of my knowledge.

Printed Name/Board of Trustees Chairperson	Signature	Date
--	-----------	------

Printed Name/Superintendent (District or County)	Signature	Date
--	-----------	------

RECOMMENDATION—OFFICE OF PUBLIC INSTRUCTION

Authorized Signature	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years	Date
----------------------	--	--	------

APPROVAL/DENIAL—BOARD OF PUBLIC EDUCATION

Chairperson	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years	Date
-------------	--	--	------